I. COURSE RATIONALE

A. Relationship to the School of Social Welfare’s Mission. Social work practices are, in part, shaped by their contexts. All practitioners must be willing and able to adapt basic purposes, knowledge, values and skills for application in a wide range of specific contexts. The mission of the University of Kansas School of Social Welfare is to educate students, conduct scholarly inquiry and perform community service in order to promote an approach to social work practice that advances the empowerment and well-being of both individuals and communities.

Consistent with the mission of the School, students who complete in this course will be able to demonstrate a thorough and comprehensive level of knowledge for social work practice which is informed by this competency-based, collaborative, empirically supported model. This knowledge base prepares students for advanced level practice by integrating foundation level knowledge and advanced clinical practice theory and methods with Cognitive Behavioral theory and methods. The expected result is for students to know how to actively and appropriately perform professional clinical social work roles in a variety of practice settings serving a variety of clinical populations. Students enrolled in this course will have an advanced field practicum where they can apply and practice Cognitive Behavioral theory, methods, and skills.

B. Relationship to other courses in the curriculum. Social Work 811 builds on generalist practice, human behavior in the social environment, policy and research courses mastered in the foundation year of the program as well as in the first semester of the advanced year. Students will continue their examination of client problems within the context of the person and environment within a broad range of practice settings. Emphasis on micro, mezzo and macro systems introduced in generalist practice will enhance integration of assessment, goal development and helping efforts. Students will strengthen collaborative engagement, assessment, planning, intervention and evaluation skills as they apply these skills to direct and indirect practice with persons in clinical settings. Information from individual and community human behavior courses will provide a knowledge base for examining normal developmental stages of persons with emphasis on strengths and challenges experienced within the family, the work environment, and the community. Policy content will be infused throughout the course as we examine the implications of this approach to programming, policies, procedures,
legislation, and funding. Knowledge of research will be strengthened as students critique and apply empirically-based intervention strategies to their clinical practice.

C. Preparation for advanced practice. This course is designed to prepare social work students to become advanced level practitioners. While this course will be practice oriented and pragmatic in nature, students will be challenged to always utilize intervention skills within the context of social, psychological, spiritual, economic, political, cultural, and biological variables. Current research regarding clinical intervention efficacy will be reviewed and critiqued in order to develop practical skills in outcome-oriented clinical practice. Attention will also be given to practice with diverse groups, including those affected by poverty, disability, sexual orientation and / or racial or ethnic minority status, and the —political implications of empowerment-based practice with diverse and/or marginalized populations.

D. What this course covers. The goal of this course is to introduce students to the fundamental tenets of contemporary cognitive-behavioral therapy ideas and practices. An overview of the historical development of both behavioral and cognitive theories and the convergence of these two theories will be presented. Students will also learn, through reading and practice experience, some of the cognitive and behavioral techniques that can be used over a range of common client problems. The course will provide an active and engaged learning experience with the student actually experiencing the practices in the classroom. Throughout the course emphasis will be placed on increasing the students’ abilities for critical thinking and analysis and advancing their appreciation for the influence of many forms of oppression.

The rationale in individual instructors’ syllabi should be exactly the same as in the master syllabus.

II. EDUCATIONAL OUTCOMES

By the end of the semester, students will be able to:

A. Describe and critically analyze the ways in which CBT relates to key social work values and professional roles.

B. Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.

C. Describe and analyze the use and purpose of the theory and practice of CBT.

D. Demonstrate the ability to engage with clients collaboratively using CBT as a guiding practice theory.

E. Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis.

F. Critically analyze the consistencies and inconsistencies of using of the DSM-5 for diagnostic purposes when engaging in CBT.

G. Critically examine the empirical support and indications for the use of various
CBT approaches.

**H.** Engage CBT skills in the goal setting process with clinical clients.

**I.** Effectively execute clinical social work interventions using key principles of CBT.

**J.** Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.

**K.** Conduct CBT interventions with consideration of diversity and social justice issues including life course stage, race, gender, ethnicity, sexual orientation, ability, religion, and culture.

**L.** Apply methods for evaluating the process and outcomes in CBT and use the resulting feedback to modify, when necessary, practice activities with individuals, groups, families, colleagues and/or collaterals.

**M.** Conclude CBT relationships with sensitivity to the emotional and preventative tasks related to successful termination.

**N.** Integrate the sum of their academic and experiential learning, and their ongoing learning needs, through completion of a capstone assignment.

The educational outcomes in individual instructors’ syllabi should be exactly the same as in the master syllabus.

**III. CURRICULUM THEMES**

The overarching themes that guide the total curriculum of the School of Social Welfare are integrated throughout the *practice-oriented curriculum*. This course is practice-oriented in that knowledge is applied to specific areas of practice from the broad range of practice settings typical of master level social work practice.

**A. Strengths:** A humanistic, empowerment approach to social work practice based on the assumption that all persons have untapped mental, physical, emotional, and spiritual resources. Students are encouraged to extend their understanding of assessment, goal setting, design and selection of interventions, and evaluation practices in ways that incorporate and build upon client’s abilities, as well as to view themselves as collaborators in working with clients to achieve their chosen goals through facilitated self-direction.

**B. Diversity:** Promoting and using the understanding and valuing of the range of differences that characterize the human community. These are differences based on culture, ethnicity, race, geography, gender, social class, sexual orientation, age, and physical and mental abilities. The understanding and appreciation of them is especially critical when they are the cause for discrimination and unwarranted differential treatment.

**C. Social Justice:** A commitment to greater equality based on the understanding of the effects of economic, political, and social structures on people’s life chances, particularly as they relate to economic inequality and the availability of necessary social resources. In
this course, we will see how, historically, and in contemporary society, that the provisions of the conditions that promote sound cognitive practices are differentially and unequally distributed sometimes on the basis of social class, at other times on the basis of gender or racial background.

This commitment entails helping students develop an appreciation for multiculturalism and an awareness of how oppression limits human and community development, and to foster economic and social justice that enables all persons to pursue their chosen goals. Students in the Cognitive-Behavioral Therapy course will examine agency practices, intervention techniques, relationship alliance options, and related research in accordance with these values.

**D. Critical Perspective:** Consistent with a critical perspective, students in the Cognitive-Behavioral Therapy course will be expected to reflect upon, raise questions and systematically evaluate and apply the theories, concepts and practice activities of this model in the larger context of social work practice based upon the three other themes of the School. It is expected that students will do so in application to various clinical settings.

**Individual instructors’ syllabi should be exactly the same as in the master syllabus.**

**IV. THE LIBERAL ARTS PERSPECTIVE**

Building upon the liberal arts perspective, students in this course are expected to:

A. think and write clearly and effectively about their practice activities, the effects of those activities, and specific ways in which client outcomes can be improved;

B. understand ways in which knowledge is gained and applied through review of practice research findings and analysis of various practice theories relevant to clinical social work practice;

C. use knowledge of the social, biological, and behavioral sciences in completing broad based bio-psycho-social assessments of clients' problem situations;

D. use knowledge of history in understanding the impact of a history of oppression on different ethnic groups' current functioning and the influence of family history on individual functioning;

E. understand the effects of variations in worker/client values on the clinical helping process through knowledge of clients whose cultures are different from their own.

**Individual instructors’ syllabi should be exactly the same as in the master syllabus.**
V. PROFESSIONAL PURPOSES AND VALUES

The person-environment focus is the basic framework for presenting the content of this course. Students are expected to demonstrate the ability to shift from the more typical person-oriented focus to one that reflects an ability to analyze human functioning in terms of both intra-psychic and environmental influences. Students are also expected to demonstrate the ability to shift from the more typical pathology or deficit based models to a competency or strength based approach in order to build on both individual and environmental resources. In addition, the value assumptions of the Cognitive-Behavioral Therapy model will be explored and the implication of these assumptions on the professional assessment of client functioning and how we attempt to help will be discussed.

Individual instructors’ syllabi should be exactly the same as in the master syllabus.

VI. PREPARATION FOR PRACTICE WITH DIVERSE POPULATIONS

Sensitivity to ethnic minorities, sexual minorities, women, elderly, children, poor, or other vulnerable or diverse populations will be infused throughout this course. Special attention will be given to how the unique strengths and resources found within any diversity can be capitalized upon to help people maintain a sense of dignity and worth, as well as to develop a sense of pride as individuals or groups experience mastery regarding the challenges they face. These challenges will be viewed as developmental opportunities for learning and growth. Lecture and discussion will focus on how the Cognitive-Behavioral Therapy model can operationalize social work’s commitment to regarding diversity and opposing oppression at the micro and mezzo levels of practice.

Individual instructors’ syllabi should be exactly the same as in the master syllabus.

VII. TOPICS

Must be covered:

1. Historical and conceptual overview of cognitive and behavioral theories.
2. Basic principles and techniques of cognitive-behavioral therapy.
3. Client assessment, therapeutic alliance, and client treatment goals.
5. CBT approach in relations to strengths perspective/person-in-environment and core SW values.
7. Third wave of CBT (Dialectical behavior therapy and Acceptance and Commitment Therapy)
8. Client diversity and cultural competence.
9. Clinical Case Conceptualization.
10. Ethics and accountability.
11. Capstone integrative experience.
12. Barriers to treatment, managing problems
13. CBT with special populations and disorders
14. Homework implementation and management
15. Orienting clients to CBT and instruction on the cognitive model.

**Recommended Topics**

1. Rational Emotive Therapy.
2. Cognitive-Behavioral Therapy with groups.

*Individual instructors’ syllabi should provide a topical outline for the course and provide adequate information to determine where and when the required topics are being covered.*

**VIII. READINGS**

*Required Text Options:*


*Individual instructors must use this text or obtain approval from the faculty mentor for an alternative text. Additional Recommended Readings and Internet Sources are available for instructor use in a separate addendum to this master syllabus.*

**IX. REQUIRED AND RECOMMENDED ASSIGNMENTS (examples)**

*A. Capstone Assignment/Frame of Reference Paper and Oral Presentation*

*Required of all students*

**Reflection, Integration, and Termination**

*(Due: Last Class)*

*Purpose:* In this paper, students will be provided the opportunity to personally assess their graduate education and experience, to evaluate their personal and professional growth, to consider the highs and lows of classroom and field, to consider their developing identity as a professional, and to look toward their hopes and concerns as a professional social worker.

*Directions:* Write a 6-10 page paper that summarizes and integrates your graduate social education experience. In general, you will write about how you have grown and
changed, what you have and haven’t learned, and where you hope to go from here. Essentially, this is a narrative about your current social work frame of reference (including knowledge, values, purposes, and skills) and how your education at KU influenced your getting here.

Specifically, you are to write about:

1. **Personal Growth**: How have your practicum and classroom experiences helped you to grow as a person? What have you learned about yourself, your values, your biases, your strengths and weaknesses? How have you changed and grown as a person? What have you targeted for areas for future growth? Be specific and give examples of practicum and classroom experiences that have affected your growth.

2. **Professional Growth**: Compared to the beginning of your graduate education, what is your current view of the social work profession and frame of reference? (e.g. it’s purposes, values, roles and responsibilities, strengths and weaknesses, etc.) How has your view of yourself as a professional changed? Compared to the first year, what are your current assessments of your strengths, weaknesses, interests, goals, regarding your professional self? What is the “goodness of fit” for you with the social work profession at this point in your career?

3. **Coursework/Practicum Influences**: What theories, ideas, discussions from your two years of classes have been most influential in your work and development as a social work professional? Give specific examples of how content of classes (including this course) has (or has not) been useful in your practicum, and will (or will not) be useful in your future practice.

4. **Termination**: What are you discovering about your own termination style, with respect to clients, classmates, and instructors? Now that your graduate school days are almost over, what do you wish you had done or learned or studied that you didn’t? What are your regrets? What don’t you regret? What do you plan to do in these last few days and weeks to "tie up" loose ends with people? What do you see yourself doing as professional 5 and 10 years from now? As an MSW, how will you contribute to the growth and perpetuation of the Social Work profession?

*(note to instructor: One or more class sessions should be devoted to sharing of all or parts of the assignment with class members. These sessions could be in the form of 20-30 minute individual oral presentations of the entire content, or shorter, more focused exercises (such as a narrative reflecting team format, art or play therapy exercise, etc) engaging each class member in some level of sharing of some part of the assignment. Some type of experiential activity with fellow students will be essential in facilitating student’s termination process regard their multifaceted graduate school experience. One or more class sessions will be devoted to sharing of all or parts of the assignment with class members. These sessions could be in the form of 20-30 minute individual or group oral presentations of the entire content, or shorter, more focused exercises (such as a narrative reflecting team format, art or play therapy exercise, etc) engaging each class member in some level of sharing of some part of the assignment.)*
member in some level of sharing of some part of the assignment. Some type of experiential activity with fellow students will be essential in facilitating student’s termination process regard their multifaceted graduate school experience. *Students may be involved in decisions about the best method for presenting their learning experiences.*

*(Assesses Educational Outcome N)*

**B. Case Conceptualization and Treatment Plan**

Before a clinician can implement CBT with a client, it is crucial to conceptualize the client in order to design effective and appropriate treatment. This assignment requires students to identify a real client that they are working with (preferred), or create a fictitious client. Students will use a template provided by the instructor to identify the following components: problem areas (with particular attention to triggers, thoughts, feelings, and behaviors), diagnostic impressions, cognitive conceptualization diagram, strengths and assets and obstacles to treatment. Students will also be required to complete a CBT-specific treatment plan, which should detail assessment measures, orientation to treatment, modalities of treatment (i.e. individual, family, group, couple), and specific CBT interventions that will be provided to the client. Finally, students should summarize their conceptualization of the client in a clinical hypothesis, which allows the student to critically formulate their own impressions of the client’s experiences.

This assignment should be in one of two formats: paragraph or bulleted points. Both formats will be provided to students as example templates. This assignment should be written using professional clinical language and sentence structure. Identifying client information should be altered or omitted to protect privacy. You will not be implanting this plan with a client; it is merely for practice.

*(Assesses Outcomes A, C, D, E, F, G)*

**C. Comparative Treatment Analysis paper**

Research has consistently validated the efficacy of CBT as a valuable treatment approach for various disorders and challenges. A critical skill of a clinical social worker is ‘treatment discrepancy’; that is, determining which treatment approach is best suited for a particular client and/or their disorder based on a variety of factors. It is also important for clinicians to evaluate the use of CBT in conjunction with other treatment approaches, or perhaps to exclude CBT in favor of another approach. This assignment will challenge students to select a treatment approach or theory (i.e. Solution-focused brief therapy, Motivational interviewing, Narrative therapy, Dialectical Behavior Therapy, Behavior modification) to compare CBT with. Theories are not limited to this list.

Students will then select a particular disorder or diagnosis as the focus of their analysis. For example: *CBT vs. Narrative therapy for the treatment of bereavement.* Students should include with your paper two relevant professional articles that support either
approach, along with a 5-8 page paper advocating for one of the two highlighted treatment approaches. Your advocacy should include rationale for theory selection, highlights from your articles or research, and your analysis of the benefits of the approach that you selected for your identified disorder or challenge. Limitations or potential barriers of your chose approach should also be addressed. Students should also detail additional client factors that could impact the treatment selection process. Examples include: age, intelligence level, and commitment to treatment, diagnoses, diversity, ethics, personality, and any others that you identify as noteworthy.

(Assesses Outcomes A, B, C, D, I, K and L)

D. Video/Audio role play exercise

Students can benefit greatly from videotaping a practice exercise, or role play, and then watching the video to assess their skills. CBT concepts are fairly easy to master through reading and lecture, but more difficult to master without practice and implementation. You will have two opportunities this semester to practice using CBT, with hopes that these experiences enhance your understanding of the theory, and build your confidence.

SESSION ONE: Each student will videotape one modified CBT therapy sessions with a partner. Your partner will choose their age, gender, background, and presenting issue (i.e. depression, anxiety, eating disorder) and is responsible for giving you a one page summary two weeks prior to the videotaped session (by February 27
\textsuperscript{th}). You will record a 30 minute CBT session during designated class time, using school equipment. Your interventions and approaches should incorporate any elements of CBT that could be useful and relevant to the client. You should aim to include three to five CBT components. Each student will have choice in determining what session this is (i.e. how far along client is in CBT process), however, do not choose the first therapy assessment session. You are responsible for participating in two recordings—one as the therapist and one as the client. After watching your recorded session, you will also submit a written analysis and reflection of your experience using the Reflective Writing Template, or your own reflective writing format. If you use your own format, it should be thorough enough to address all aspects of a reflective writing piece.

PART ONE: your partner’s client summary, your preparation for the session, relevant worksheets or materials, specific CBT techniques, tools, approaches, concepts, and interventions that you incorporated.

PART TWO: reflection on the session using the Reflective Writing Template, or your own reflective writing format. If you use your own format, it should be thorough enough to address all aspects of a reflective writing piece.

SESSION TWO: As the semester progresses and you have completed your first session recording, your knowledge and confidence will increase. Therefore, you will have the opportunity to enhance your clinical skills by recording a second, full-length CBT session. This session should incorporate all components of a CBT session (i.e. mood check, setting agenda), as well as CBT interventions and techniques (i.e. identifying thoughts, core beliefs examination). You and your partner may choose to use the same
client profile that was used in the Session One recording, or create new client profiles for a more challenging experience.

PART ONE: your partner’s client summary, your preparation for the session, relevant worksheets or materials. In Part One, you should detail CBT interventions and techniques that were applied, including rationale, connection to client goals, and your assessment of success of these interventions with the client.

PART TWO: reflection on the session using the Reflective Writing Template, or your own reflective writing format. You should give special attention to what you note regarding your performance and skills in this session vs. Session One.

(Assesses Educational Outcomes A, B, C, F, I, J)

E. Clinical Case Reflection Paper

Each student will present a client with whom you have been working with and discuss the CBT concepts and techniques used in your work with this client. You will be asked to write a clinical case reflection paper that will inform me about your approach to treatment including concepts and techniques used. The goal is to illustrate how you think about clinical issues, how you conceptualize cases, and how you approach treatment from a cognitive-behavioral approach.

Include these four elements in your clinical reflection paper on each of the 4 items below:

a) A brief description of your agency and of the client system. This should include: the name of the agency and the focus of service; a description of the client system (i.e., age, education, ethnicity, family constellation); how long you have been working with her or him (i.e., number, length, frequency and location of meetings); and, the issues that brought the client to you.

b) The CBT concepts and techniques you selected to use in working with this client and WHY you chose it. You may also include CBT concepts and techniques you considered using, but decided against, and WHY you did not choose it.

c) Discuss the techniques and questions you used with your client and your observations about it. Also include any conversations with your field instructor/supervisor about you client. Discuss the effectiveness of CBT techniques in your work with this client. (You will NOT receive a lower grade if you determine the CBT techniques and questions you chose are not effective, as that can be an EXCELLENT discussion point; but, please offer possible reasons and/or invite discussion from the class.)

d) Finally, talk about barriers that you and the client may or have faced as you work towards change and what would you like to do next time in order to further your work.

The assignment should be approximately 6-8 pages and should be typed and double-spaced. APA format should be used for citations and references.

(Assesses Educational Outcomes A, B, C, D, J, K)
X. GRADING
A. What Grades Mean

A = Exceptional work: This grade will be assigned to outstanding work that shows extensive use of the literature as well as wide use of concrete examples from practice.

B = Fully meets graduate standards: This grade will be assigned to work in which all aspects of assignments are completed satisfactorily, showing a combination of accurate use of theory and principles, and precise descriptions of practice.

C = Overall performance is unsatisfactory, below graduate standards, although all aspects of assignments were completed.

F = Failing grade: Overall quality of work is unsatisfactory, or some aspect of assignments not done.

**Plus and minus grades are assigned at the instructor’s discretion. A grading point table, such as the example below, must be included in course syllabi.**

The numbers below are the letter grade equivalents based upon percentages of total class points obtained by a student:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100</td>
</tr>
<tr>
<td>A-</td>
<td>90-94</td>
</tr>
<tr>
<td>B+</td>
<td>88-89</td>
</tr>
<tr>
<td>B</td>
<td>83-87</td>
</tr>
<tr>
<td>B-</td>
<td>80-82</td>
</tr>
<tr>
<td>C+</td>
<td>78-79</td>
</tr>
<tr>
<td>C</td>
<td>73-77</td>
</tr>
<tr>
<td>F</td>
<td>Below 73</td>
</tr>
</tbody>
</table>

A grade of C- or below is considered a failing grade for MSW level courses.

The numbers below are the letter grade equivalents based upon percentages of total class points obtained by a student (without the use of plus and minus grades).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
</tr>
<tr>
<td>B</td>
<td>80-89</td>
</tr>
<tr>
<td>C</td>
<td>70-79</td>
</tr>
<tr>
<td>F</td>
<td>69 or below</td>
</tr>
</tbody>
</table>

B. Incomplete grades. A temporary grade of Incomplete may be assigned to a student who, for a reason beyond the student’s control, has been unable to complete the required work in a course on time. It is the student’s responsibility to request an Incomplete from the instructor. A request signed by the student and the faculty member must be on file when grades are submitted. A student may not enroll in a course sequential to one in which he or she has an I or an F letter grade. An incomplete not removed by the end of the next semester will be changed to an F.

C. Attendance policy. Attendance will affect grades in this course. (Instructors: Be specific about how many points will be deducted from student grades for missing class, tardiness, leaving early, etc.) Any student missing more than two classes, or more than one blended class, will need to contact the instructor to discuss implications regardless of
the circumstances that led to these absences. Students who miss more than three classes,
or more than two blended classes, may be assigned a failing grade in this course.

**Individual instructors’ syllabi should be exactly the same as in the master syllabus.**

**Individual instructors’ syllabi should specify the following:**

1. The weighting of each assignment in the course and the dates by which they
   are done.
2. For every assignment, explain the standards used for grading.
3. If class participation is part of the grade indicate what this means. For
   example, if 10 points are awarded for class participation, one point will be
   deducted for every class missed.
4. Indicate the policy on late assignments, e.g., they are not accepted and treated
   as an “F” grade or the grade is reduced by ___ for each day, week, etc.
5. Indicate how final grades will be determined

**D. Academic misconduct and plagiarism.** The University Senate Rules and Regulations
defines academic misconduct in Article II, Section 6, stating:

> Academic misconduct by a student shall include, but not be limited to, disruption of
> classes; threatening an instructor or fellow student in an academic setting; giving or
> receiving of unauthorized aid on examinations or in the preparation of notebooks,
> themes, reports or other assignments; knowingly misrepresenting the source of any
> academic work; unauthorized changing of grades; unauthorized use of University
> approvals or forging of signatures; falsification of research results; plagiarizing of
> another’s work; violation of regulations or ethical codes for the treatment of human and
> animal subjects; or otherwise acting dishonestly in research.

One form of academic misconduct is plagiarism, or taking credit for work produced by
someone else. This is a serious ethical violation. As a participant in this class, you are
required to review the section on Academic Misconduct in the Student Handbook in
order to familiarize yourself with what constitutes plagiarism. You must also review this
section in order to help you to understand the efforts you can make to avoid engaging in
plagiarism. Remember that faithfully using the citation and reference guidelines outlined
in the APA style guide will serve as an excellent way to avoid plagiarism.

Additionally, KU subscribes to a digital plagiarism detection program called “Safe
Assign” which may be used to check papers submitted in this course. You may be asked
to submit your papers in a digital format so that your paper can be checked against web
pages and databases of existing papers.

If a student commits plagiarism, with or without intention, the instructor for this course
can, after consultation with the academic program director, assign a failing grade for the
academic activity in question. If the plagiarism is severe or repeated, the instructor can,
after consultation with the academic program director, assign a failing grade for the
course in which the behavior occurred. An instructor may also request that the program
director convene an Academic Review Committee meeting, which could result in a
recommendation to the Dean of the School of Social Welfare for formal admonition,
censure, suspension, or expulsion of the student.

**Individual instructors’ syllabi should be exactly the same as in the master syllabus.**

**XI. SPECIAL CONSIDERATIONS**

a. Any student in this course who has a disability that may prevent him/her from
satisfactorily completing course requirements should contact KU’s Academic
Achievement and Access Center (AAAC) as soon as possible in order to begin the
process of determining reasonable and appropriate accommodations. This process
must be initiated by the student. University regulations do not require that
accommodations be offered retroactively, so it is important that students begin
this process as early as possible. Information on how to contact AAAC can be
found at [http://www.disability.ku.edu/~disability/students/guidelines.shtml](http://www.disability.ku.edu/~disability/students/guidelines.shtml)

b. Please notify the instructor in advance if your religious observances conflict with
class or due dates for class assignments so we can make appropriate
arrangements, including alternative assignments to cover missed classroom
content if necessary.

**Individual instructors’ syllabi should be exactly the same as in the master syllabus.**

**XII. RECORDING AND SHARING RECORDINGS OF LECTURES**

Course materials prepared by the instructor, together with the content of all lectures and
review sessions presented by the instructor are the property of the instructor. Video and
audio recording of lectures and review sessions without the consent of the instructor is
prohibited. On request, the instructor will usually grant permission for students to audio
tape lectures, on the condition that these audio tapes are only used as a study aid by the
individual making the recording. Unless explicit permission is obtained from the
instructor, recordings of lectures and review sessions may not be modified and must not
be transferred or transmitted to any other person, whether or not that individual is
enrolled in the course.

**Individual instructors’ syllabi should be exactly the same as in the master syllabus.**

**XIII. CONFIDENTIALITY AND PRIVACY CONSIDERATIONS**

The NASW Code of Ethics requires that social workers protect client confidentiality and
privacy. Various state and federal regulations, including the HIPPA Privacy Rule, may
also protect the confidentiality of client information in settings where social work
students are engaged in practicum placements. In order to safeguard these client rights:

- Always disguise the name and other personal identifying information when you
  speak or write about a client.
• If writing in great detail about a client, ask permission from that client.
• Share nothing discussed in class about specific clients, agencies, or other students outside of this classroom.
• Any information shared with the instructor will be confidential, within the limits defined by the NASW Code of Ethics and relevant legal guidelines.
• Information regarding your performance or behavior as a student is protected by the Federal Education Rights and Privacy Act. However, student information can be shared between KU faculty, staff, administration, or field instructors when there is a compelling educational or safety reason to do so.

Individual instructors’ syllabi should be exactly the same as in the master syllabus.

XIV. INSTRUCTOR AVAILABILITY
Provide students with information on how to see and/or reach you.

XV. INCLEMENT WEATHER POLICY

In the event of inclement weather students should call to determine if classes have been cancelled. In Lawrence you may contact the University at (785) 864-SNOW, or if hearing impaired and have TTY/TDD equipment, at (800) 766-3777. For the Edwards Campus you may call (913) 897-8499, and for the KCKCC Campus the number is (913) 334-1100. Classes will be held if classes have not been cancelled, and students should contact the instructor if weather or driving conditions make it impossible for them to get to class.

XVI. EPAS COMPETENCIES TABLE

A table must be included in the class syllabus which links EPAS Competencies, practice behaviors, and course educational outcomes with their coverage in specific sessions and in specific assignments. The table is included as the final Appendix of this document. Instructors must customize the columns which focus on the location of content and relevant assignments to their own syllabi. However the content of the first three columns and the signature assignments must be included in the table as stated in this document.
Attachment 1:
EPAS Competency Table for use in Class Syllabus. Note that you must include as provided here but insert session numbers and assignments specific to your class. If the Master Syllabus includes a signature assignment for this course, that assignment must appear in column 5 exactly as stated in the Master Syllabus.

<table>
<thead>
<tr>
<th>Competency</th>
<th>KUSSW Clinical Concentration Practice Behaviors</th>
<th>Related Educational Outcomes in Syllabus</th>
<th>Session number of Content Coverage</th>
<th>Related Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 Identify as a professional social worker and conduct oneself accordingly</td>
<td>Maintain a social work identity within clinical settings.</td>
<td><strong>Outcome A:</strong> Describe and critically analyze the ways in which CBT relates to key social work values and professional roles.</td>
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<td>Demonstrate the ability to develop clinical relationships with clients that reflect an understanding of both self and other.</td>
<td><strong>Outcome D:</strong> Demonstrate the ability to engage with clients collaboratively using various CBT models as guiding practice theories.</td>
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<td>Demonstrate the ability to develop respectful and productive relationships with other professional staff.</td>
<td><strong>Outcome A:</strong> Describe and critically analyze the ways in which CBT relates to key social work values and professional roles.</td>
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<td>Demonstrate the ability to function within clearly-</td>
<td><strong>Outcome A:</strong> Describe and critically analyze the ways in which CBT relates to key social work values and professional roles.</td>
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<td>defined professional roles and boundaries based on client needs and agency context/services.</td>
<td>ways in which CBT relates to key social work values and professional roles.</td>
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<td>Identify specific areas where continued learning and supervision are needed in order to competently practice at the MSW level.</td>
<td><strong>Outcome N</strong>: Integrate the sum of their academic and experiential learning, and their ongoing learning needs, through completion of a capstone assignment.</td>
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<td>2.1.2</td>
<td><strong>Apply social work ethical principles to guide professional practice.</strong></td>
<td>Apply ethical decision-making skills to issues specific to clinical social work settings and practice.</td>
<td><strong>Outcome B</strong>: Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.</td>
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<td>Employ strategies of ethical reasoning to address the impact of technology and other advancements in clinical practice on client rights.</td>
<td><strong>Outcome B</strong>: Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.</td>
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<td>Identify and use knowledge of relationship dynamics, including</td>
<td><strong>Outcome K</strong>: Conduct CBT interventions with consideration of diversity</td>
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<td>power differentials, to appropriately guide clinical interactions with clients.</td>
<td>and social justice issues including stage of life course, race, gender, ethnicity, sexual orientation, ability, religion and culture.</td>
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<td>Recognize and manage personal biases that may affect the clinical relationship and impact clients’ well-being.</td>
<td><strong>Outcome B:</strong> Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.</td>
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<td>Utilize appropriate consultation and supervision to process clinical situations involving ethical conflicts or decisions.</td>
<td><strong>Outcome B:</strong> Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.</td>
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<td>2.1.3 Apply critical thinking to inform and communicate professional judgments</td>
<td>Articulate professional clinical impressions which integrate research knowledge, experiential learning, and client self-report.</td>
<td><strong>Outcome E:</strong> Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis.</td>
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<td>Demonstrate the ability to evaluate clients' strengths and vulnerabilities while utilizing specific clinical practice models.</td>
<td><strong>Outcome E:</strong> Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis.</td>
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<td>Critically evaluate, select, and utilize appropriate assessment, diagnostic, intervention, and practice evaluation tools.</td>
<td><strong>Outcome G:</strong> Critically examine the empirical support and indications for the use of various CBT approaches.</td>
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<td>Evaluate the applicability of relevant theoretical perspectives to clients' conditions.</td>
<td><strong>Outcome E:</strong> Use CBT theories to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis.</td>
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<td>Demonstrate the ability to communicate informed clinical judgments,</td>
<td><strong>Outcome E:</strong> Use CBT theories to help understand,</td>
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<td>verbally and in writing, to other professionals.</td>
<td>conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis.</td>
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<td>2.1.4</td>
<td>Engage in diversity and difference in practice</td>
<td>Demonstrate the ability to analyze oppression within systems of service delivery and its impact on client well-being.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td>Demonstrates the ability to identify the intersection between one’s own privilege and power and the client’s culture and background within the context of the clinical relationship.</td>
<td><strong>Outcome K:</strong> Conduct CBT interventions with consideration of diversity and social justice issues including stage of life course, race, gender, ethnicity, sexual orientation, ability, religion and culture.</td>
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**Identify and use**

**Outcome K:** Conduct
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<td></td>
<td>practitioner/client differences to enhance the clinical relationship and work toward achieving client goals.</td>
<td>CBT interventions with consideration of diversity and social justice issues including stage of life course, race, gender, ethnicity, sexual orientation, ability, religion and culture.</td>
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<td>Demonstrate the ability to modify best-practice approaches in order to enhance cultural competence.</td>
<td><strong>Outcome K</strong>: Conduct CBT interventions with consideration of diversity and social justice issues including stage of life course, race, gender, ethnicity, sexual orientation, ability, religion and culture.</td>
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<td>2.1.5 Advocate human rights and social and economic justice</td>
<td>Integrate knowledge of the experience and effects of oppression, marginalization, discrimination, or historical trauma in treatment planning and interventions.</td>
<td><strong>Outcome K</strong>: Conduct CBT interventions with consideration of diversity and social justice issues including stage of life course, race, gender, ethnicity, sexual orientation, ability, religion and culture.</td>
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<td>Demonstrate an understanding of the depth and breadth of social and economic injustice, and integrate into treatment plans advocacy efforts aimed at eliminating mental health, health, or income disparities.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td>2.1.6 Engage in research-informed practice and practice-informed research</td>
<td>Demonstrate the ability to apply the evidence-based practice process in clinical assessment and intervention with clients.</td>
<td><strong>Outcome G:</strong> Critically examine the empirical support and indications for the use of various CBT approaches.</td>
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<td>Effectively evaluate one’s own clinical practice and share results with other professionals.</td>
<td><strong>Outcome L:</strong> Apply methods for evaluating the process and outcomes in CBT and use the resulting feedback to modify, when necessary, practice activities with individuals, groups, families, colleagues.</td>
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<td>2.1.7 Apply knowledge of human behavior and the social environment</td>
<td>Synthesize and differentially apply theories of human behavior and the social environment to guide clinical practice.</td>
<td><strong>Outcome C:</strong> Describe and analyze the use and purpose of the theory and practice of CBT.</td>
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<td>and/or collaterals.</td>
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<td>Use bio-psycho-social-spiritual theories and diagnostic classification systems in formulation of comprehensive assessments.</td>
<td><strong>Outcome F:</strong> Critically analyze the consistencies and inconsistencies of using of the DSM-5 for diagnostic purposes when engaging in CBT.</td>
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<td>Consult with medical professionals, as needed, to confirm diagnosis and/or to monitor medication in the treatment process.</td>
<td><strong>Outcome F:</strong> Critically analyze the consistencies and inconsistencies of using of the DSM-5 for diagnostic purposes when engaging in CBT.</td>
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<td>2.1.8 Engage in policy practice to advance social and economic well-being and to</td>
<td>Understand the impact of policies on clinical service delivery and the lives of clients and communicate this knowledge to relevant stakeholders.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and</td>
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<td>deliver effective social work services</td>
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<td>professional systems in order to improve resource availability to clients.</td>
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<td>Demonstrate the ability to assemble appropriate evidence in advocating for policies that improve clinical services and advance client well-being.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td>Engage in efforts to influence policies to promote improved clinical services and enhanced client well-being.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td>Able to assess the effectiveness of advocacy efforts.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td><strong>2.1.9 Respond to contexts that shape practice</strong></td>
<td>Consider changing social conditions and emerging trends to keep clinical services relevant to the experiences and evolving social contexts of client populations.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td>Identify the social, cultural, political, economic, technological, environmental, and/or legal factors underpinning client problems.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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<td>Engage in collaborative practice with other social workers, service consumers, and community leaders to address problematic conditions.</td>
<td><strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence institutional and professional systems in order to improve resource availability to clients.</td>
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**2.1.10 ENGAGE**

- **Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities**
  - Build professional clinical relationships with clients that establish clear boundaries and expectations.
  - **Outcome D:** Demonstrate the ability to engage with clients collaboratively using various CBT models as guiding practice theories.

- Develop clinical relationships that are culturally appropriate and recognize interpersonal and contextual factors that affect the therapeutic relationship.
  - **Outcome D:** Demonstrate the ability to engage with clients collaboratively using various CBT models as guiding practice theories.
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<td>2.1.10 ASSESS Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities</td>
<td>Establish a collaborative process with clients around treatment goals and therapeutic modalities which incorporates clients’ preferences.</td>
<td><strong>Outcome D:</strong> Demonstrate the ability to engage with clients collaboratively using various CBT models as guiding practice theories.</td>
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<td>Synthesize client data from a variety of sources utilizing bio-psycho-social-spiritual assessment in order to form diagnostic impressions.</td>
<td><strong>Outcome E:</strong> Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis. <strong>Outcome F:</strong> Critically analyze the consistencies and inconsistencies of using of the DSM-5 for diagnostic purposes when engaging in CBT.</td>
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<td>Elucidate clients’ presenting problems and assess their readiness for change.</td>
<td><strong>Outcome E:</strong> Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual</td>
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<td>functioning during assessment and diagnosis.</td>
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<td>Assess strengths and resources that are available to help address clients’ problems or circumstances.</td>
<td><strong>Outcome E:</strong> Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis.</td>
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<td>Use clinical assessments or diagnoses to help develop appropriate intervention strategies within the context of the agency’s services.</td>
<td><strong>Outcome E:</strong> Use CBT to help understand, conceptualize and document a client’s bio-psycho-social-spiritual functioning during assessment and diagnosis. <strong>Outcome F:</strong> Critically analyze the consistencies and inconsistencies of using the DSM-5 for diagnostic purposes when engaging in CBT.</td>
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| 2.1.10 INTERVENTION Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities | Select and implement clinical treatment plans and evidence-based strategies based on client preferences as well as appropriate theory and research. | **Outcome B:** Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.  
**Outcome H:** Engage CBT skills in the goal setting process with clinical clients. | | |
| | Utilize clinical frameworks and treatment protocols indicated by assessment findings. | **Outcome E:** Critically analyze and demonstrate the ability to resolve ethical dilemmas which may emerge during the use of CBT.  
**Outcome I:** Effectively execute clinical social work interventions using key principles of CBT. | | |
<p>| | Collaborate with other professionals to coordinate additional treatment services. | <strong>Outcome J:</strong> Identify gaps in resources when performing their ongoing clinical responsibilities and influence | | |</p>
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<td>institutional and professional systems in order to improve resource availability to clients.</td>
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<td>Facilitate termination of clinical relationships with attention to clients’ emotional well-being.</td>
<td><strong>Outcome M:</strong> Conclude CBT relationships with sensitivity to the emotional and preventative tasks related to successful termination.</td>
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<td>Facilitate termination of clinical relationships by assisting clients to develop plans to maintain goal achievements.</td>
<td><strong>Outcome M:</strong> Conclude CBT relationships with sensitivity to the emotional and preventative tasks related to successful termination.</td>
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<td>2.1.10 EVALUATE Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities</td>
<td>Monitor clients’ progress towards identified treatment goals and evaluate intervention effectiveness.</td>
<td><strong>Outcome L:</strong> Apply methods for evaluating the process and outcomes in CBT and use the resulting feedback to modify, when necessary, practice activities with individuals, groups, families, colleagues</td>
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<td>and/or collaterals.</td>
<td><strong>Outcome M</strong>: Apply methods for evaluating the process and outcomes in CBT and use the resulting feedback to modify, when necessary, practice activities with individuals, groups, families, colleagues and/or collaters.</td>
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<td>Document clients’ progress in agency records as required.</td>
<td><strong>Outcome M</strong>: Apply methods for evaluating the process and outcomes in CBT and use the resulting feedback to modify, when necessary, practice activities with individuals, groups, families, colleagues and/or collaterals.</td>
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<td>Use established research methods to evaluate clinical and practice effectiveness and/or outcome.</td>
<td><strong>Outcome M</strong>: Apply methods for evaluating the process and outcomes in CBT and use the resulting feedback to modify, when necessary, practice activities with individuals, groups, families, colleagues and/or collaterals.</td>
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